

## KENTUCKY DPH – WIC USER AUTHORIZATION REQUEST FOR E-REPORTS ACCESS

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I hereby authorize \_\_\_\_\_ with User  
that: \_\_\_\_\_ ID: \_\_\_\_\_  
(Name of Employee) (KY Number)

Job Title: \_\_\_\_\_

Employee Phone ( ) work email address:  
#: \_\_\_\_\_

**BE GRANTED ACCESS TO THE WIC ELECTRONIC REPORTS (eReports) FOR THE  
INDICATED SITE(S):**

County/District/HID: \_\_\_\_\_

WIC Site #s/Site Name: \_\_\_\_\_

**NOTE: LHD Employees will only be granted access to the site(s) listed  
above.**

I understand that the proper disposition of the information retrieved, viewed and/or entered lies  
with the authorized person (user) and the Local Health Department (LHD).

LHD Authorized Printed Name: \_\_\_\_\_

LHD Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DPH/WIC Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email completed WIC E-Report security request form to [WIC.Helpdesk@ky.gov](mailto:WIC.Helpdesk@ky.gov)**

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### FOR CDP/State Agency Use Only

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

User Name Assigned: \_\_\_\_\_

Assigned by: \_\_\_\_\_